Republic of the Philippines

SOCIAL SECURITY SYSTEM

MATERNITY BENEFIT REIMBURSEMENT APPLICATION

SIC - 01242 (12-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS AND REMINDER AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND **USE BLACK INK ONLY**.

PART I - TO BE FILLED OUT BY MEMBER

A. PERSONAL DATA

SS NUMBER	COMMON REFERENCE NUMBER (IF ANY)	DATE OF BIRTH (MMDDYYYY)	TAX IDENTIFICATION NUMBER (IF ANY)

NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

LOCAL ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME)

(SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) ZIP CODE

TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS

FOREIGN ADDRESS (IF APPLICABLE)	COUNTRY	ZIP CODE

START OF MATERNITY LEAVE (MMDDYYYY)	DATE OF DELIVERY/ MISCARRIAGE/PROCEDURE (MMDDYYYY)	DIAGNOSIS (Type of delivery/miscarriage/procedure)	NUMBER OF PREGNANCIES
		☐ Normal ☐ Miscarriage ☐ Ectopic (Operated) ☐ Caesarean ☐ H-Mole ☐ Ectopic (Unoperated)	

B. CERTIFICATION

I certify that:

a. The information provided in this form are true and correct; and

b. I actually received the amount of benefit due as indicated in Part II-B of this form. ***(Do not sign if amount is not actually advanced.)***

PRINTED NAME SIGNATURE DATE

If member cannot sign, affix fingerprints. Please read Instruction No. 6 of the form.

Below are the witnesses to fingerprinting:

1) PRINTED NAME SIGNATURE DATE

ADDRESS & CONTACT NUMBER

2) PRINTED NAME SIGNATURE DATE

ADDRESS & CONTACT NUMBER

RIGHT THUMB RIGHT INDEX

PART II - TO BE FILLED OUT BY EMPLOYER

A. EMPLOYER DATA

EMPLOYER ID NUMBER	TAX IDENTIFICATION NUMBER (IF ANY)	TYPE OF EMPLOYER
03 9 2 6 4 5 6 5 2		☐ Business ☐ Household

EMPLOYER NAME: OPTUM GLOBAL SOLUTIONS (PHILIPPINES), INC.

EMPLOYER ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME)

6TH TO 10TH FLOOR SCIENCE HUB TOWER 1 MCKINLEY HILL

(SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) ZIP CODE

BONIFACIO GLOBAL CITY TAGUIG CITY 1634

TELEPHONE NUMBER (AREA CODE + TEL. NO.)	E-MAIL ADDRESS	WEBSITE (FOR BUSINESS EMPLOYER)

B. COMPUTATION

TOTAL MONTHLY SALARY CREDIT	DAILY MATERNITY ALLOWANCE	NUMBER OF DAYS	AMOUNT OF BENEFIT DUE
₱	₱		₱

C. CERTIFICATION

I certify that:

a. The information provided in this form are true and correct;

b. The qualifying contributions of member were paid prior to the date of delivery/miscarriage/procedure; and

c. The amount of benefit due as indicated above was advanced to the employee.

PRINTED NAME SIGNATURE POSITION TITLE DATE

----------Perforate Here----------

SOCIAL SECURITY SYSTEM

MATERNITY BENEFIT REIMBURSEMENT APPLICATION ACKNOWLEDGEMENT STUB

SS NUMBER/COMMON REFERENCE NO. (IF ANY)	NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

DATE OF DELIVERY/ MISCARRIAGE/PROCEDURE (MMDDYYYY)	RECEIVED BY
	SIGNATURE OVER PRINTED NAME DATE & TIME BRANCH

INSTRUCTIONS

1. Fill out this form in one (1) copy.
2. Always indicate "N/A or "Not Applicable", if the required data is not applicable.
3. Affix initials on all alterations/erasures in this form.
4. Write SS Number and name of member in all the supporting documents submitted.
5. Present valid identification card/s or document/s. Refer to the attached "List of Filer's Valid Identification (ID) Cards/Documents".
6. If member cannot sign, there should be two (2) witnesses to fingerprinting. One (1) witness is the employer representative/company representative and the other one (1) could be any person.
7. Submit this form to the nearest SSS branch office together with the following supporting documents, whichever is applicable.

   a. Maternity Notification (MN) duly received by SSS prior to delivery/ miscarriage/procedure or "Maternity Notification Submission Confirmation" (if filed thru the SSS Website or SSIT).

      Note: MN is not required if the member delivered/was confined in a hospital duly licensed by the Department of Health.

   b. Required Documents

      Present the original/certified true copy and submit the photocopy of the following, whichever is applicable:

      b.1 For Normal Delivery
      - Child's birth or fetal death certificate duly registered with the Local Civil Registrar (LCR)

      b.2 For Caesarean Delivery
      - Child's birth or fetal death certificate duly registered with the LCR; and
      - Any of the following documents issued by the hospital indicating the type of delivery:
        - ✓ Operating Room Record (ORR)
        - ✓ Surgical Memorandum
        - ✓ Discharge Summary Report
        - ✓ Medical/Clinical Abstract
        - ✓ Delivery Report
        - ✓ Detailed Invoice showing caesarean delivery charges, for deliveries abroad only

      b.3 For Complete Miscarriage
      - Obstetrical History indicating the number of pregnancies duly certified by attending physician with his/her Professional Medical License Number with printed name and signature; and
      - Any of the following:
        - ✓ Pregnancy test before and after miscarriage
        - ✓ Ultrasound report indicating proof of pregnancy
        - ✓ Medical Certificate issued by attending physician on the circumstances of pregnancy

      b.4 For Incomplete Miscarriage
      - Obstetrical History indicating the number of pregnancies duly certified by attending physician with his/her Professional Medical License Number with printed name and signature; and
      - Any of the following:
        - ✓ Certified true copy of Hospital/Medical record/s
        - ✓ Dilation & Curettage (D & C) report
        - ✓ Histopathological report
        - ✓ Pregnancy test before and after miscarriage
        - ✓ Ultrasound report indicating proof of pregnancy

      b.5 For Ectopic Pregnancy
      - Obstetrical History indicating the number of pregnancies duly certified by attending physician with his/her Professional Medical License Number with printed name and signature; and
      - Any of the following:
        - ✓ Certified true copy of Hospital/Medical record/s
        - ✓ Certified true copy of ORR
        - ✓ Histopathological report
        - ✓ Pregnancy test before and after miscarriage

      b.6 For Hydatidiform Mole
      All of the following:
      - Obstetrical History indicating the number of pregnancies duly certified by attending physician with his/her Professional Medical License number with printed name and signature
      - D & C report
      - Histophathological report

      Note: The Medical Specialist may require other documents necessary for the evaluation of the claim (for miscarriage/ ectopic/H-Mole cases).

      For deliveries/miscarriages/procedures that happened abroad, documents issued by foreign country should be with English translation and duly authenticated by the Philippine Embassy/Consulate Office or duly notarized by notary public in host country.

8. The signatory in Part II-C of this form shall be the employer's authorized signatory reflected in the Employer Specimen Signature Card (SS Form L-501).

REMINDER

1. Full amount of the maternity benefit shall be advanced by the employer within thirty (30) days from the date of filing maternity leave application.
2. Verification of status of claim may be made thru the SSS Website at www.sss.gov.ph or contact our Call Center at 920-6446 to 55.

WARNING!

ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS APPLICATION OR SUBMITS ANY FALSIFIED DOCUMENTS IN CONNECTION WITH THE APPLICATION WITH THE SSS SHALL BE LIABLE CRIMINALLY UNDER SECTION 28 OF RA 8282 OR UNDER PERTINENT PROVISION OF REVISED PENAL CODE.

SS NUMBER | NAME OF MEMBER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

PART III - TO BE FILLED OUT BY SSS

A. BRANCH OFFICE

SCREENING AND RECEIVING RESULTS (INITIAL FILING)

REMARKS _____

ID/s Presented by filer ☐ ACR Card ☐ Company authorization letter and company ID
☐ SS Card ☐ Valid ID Card/s or Document/s ☐ None

Form Accomplishment ☐ Complete ☐ Incomplete (see remarks)

Documents Submitted ☐ Complete ☐ Incomplete (see remarks)

Eligibility Result ☐ Qualified ☐ Not Qualified/Denied/With discrepancy/ies (see remarks)

SCREENED AND RECEIVED BY

_____ SIGNATURE OVER PRINTED NAME | _____ DATE | _____ TIME | _____ DATE RETURNED

SCREENING AND RECEIVING RESULTS (RE-FILED CLAIM)

REMARKS _____

☐ Claim accepted
☐ Claim not accepted (see remarks)

RECEIVED BY

_____ SIGNATURE OVER PRINTED NAME | _____ DATE | _____ TIME | _____ DATE RETURNED

B. MEDICAL EVALUATION SECTION (FOR MISCARRIAGE CASES)

ILLNESS CODE | DIAGNOSIS

RECOMMENDATION

☐ Approved No. of Days (_____) _____ IN WORDS

☐ Returned for Compliance
- ☐ Submit D & C report
- ☐ Submit Operating Room Record (ORR)
- ☐ Submit histopathological result
- ☐ Submit pregnancy result (before and after miscarriage)
- ☐ Submit ultrasound result
- ☐ Submit complete OB History issued by attending physician
- ☐ For interview & present SS Card or Valid ID Card/s or Document/s
- ☐ Remarks _____

☐ Denied
- ☐ 5th pregnancy not compensable
- ☐ Based on histopath result, pregnancy not confirmed
- ☐ Based on ultrasound result, pregnancy not confirmed
- ☐ Remarks _____

☐ Pending
- ☐ For medical opinion
- ☐ For document verification
- ☐ For legal opinion
- ☐ Remarks _____

RECEIVED BY (INITIAL FILING)

_____ SIGNATURE OVER PRINTED NAME | _____ DATE

EVALUATED BY

_____ SIGNATURE OVER PRINTED NAME | _____ DATE

RECEIVED BY (RE-FILED CLAIM)

_____ SIGNATURE OVER PRINTED NAME | _____ DATE

EVALUATED BY

_____ SIGNATURE OVER PRINTED NAME | _____ DATE

C. PROCESSING CENTER

RECEIVED BY (INITIAL FILING)

_____ SIGNATURE OVER PRINTED NAME | _____ DATE

PROCESSING RESULTS _____

PROCESSED AND ENCODED BY

_____ SIGNATURE OVER PRINTED NAME | _____ DATE

REVIEW RESULT
- ☐ Approved
- ☐ Rejected _____
- ☐ Denied _____

REVIEWED BY

_____ SIGNATURE OVER PRINTED NAME | _____ DATE

CONCURRED BY

_____ SIGNATURE OVER PRINTED NAME | _____ DATE

RECEIVED BY (RE-FILED CLAIM)

_____ SIGNATURE OVER PRINTED NAME | _____ DATE

PROCESSING RESULT _____

PROCESSED AND ENCODED BY

_____ SIGNATURE OVER PRINTED NAME | _____ DATE

REVIEW RESULT
- ☐ Approved
- ☐ Rejected _____
- ☐ Denied _____

REVIEWED BY

_____ SIGNATURE OVER PRINTED NAME | _____ DATE

CONCURRED BY

_____ SIGNATURE OVER PRINTED NAME | _____ DATE

LIST OF FILER'S VALID IDENTIFICATION (ID) CARDS/DOCUMENTS
Maternity Benefit Reimbursement Process

A. Primary ID Cards/Documents

1. Social Security (SS) card
2. Unified Multi-Purpose ID (UMID) card
3. Passport
4. Professional Regulation Commission (PRC) card
5. Seaman's Book (Seafarer's Identification & Record Book)

B. Secondary ID Cards/Documents

1. Alien Certificate of Registration
2. ATM card (with cardholder's name)
3. Bank Account Passbook
4. Company ID card
5. Certificate of Confirmation issued by National Commission on Indigenous People (formerly Office of Southern Cultural Community and Office of Northern Cultural Community)
6. Certificate of Licensure/Qualification Documents from Maritime Industry Authority
7. Certificate of Naturalization
8. Credit card
9. Court Order granting petition for change of name or date of birth
10. Driver's License
11. Firearm License card issued by Philippine National Police (PNP)
12. Fishworker's License issued by Bureau of Fisheries and Aquatic Resources (BFAR)
13. Government Service Insurance System (GSIS) card/Member's Record/Certificate of Membership
14. Health or Medical card
15. Home Development Mutual Fund (Pag-IBIG) Transaction Card/Member's Data Form
16. ID card issued by Local Government Units (LGUs) (e.g. Barangay/Municipality/City)
17. ID card issued by professional association recognized by PRC
18. Life Insurance Policy of member
19. Marriage Contract/Marriage Certificate
20. National Bureau of Investigation (NBI) Clearance
21. Overseas Worker Welfare Administration (OWWA) card
22. Philippine Health Insurance Corporation (PHIC) ID card/Member's Data Record
23. Police Clearance
24. Postal ID card
25. School ID card
26. Seafarer's Registration Certificate issued by Philippine Overseas Employment Administration (POEA)
27. Senior Citizen card
28. Student Permit issued by Land Transportation Office (LTO)
29. Taxpayer's Identification Number (TIN) card
30. Transcript of Records
31. Voter's Identification card or Voter's Affidavit / Certificate of Registration

1. Filed by Employer (Business/Household)

Present the original of any one (1) of the Employer's **primary** ID cards/documents in **Item A** or two (2) **secondary** ID cards/documents in **Item B** both with signature and at least one (1) with photo.

2. Filed by Company Representative

Present the Authorized Company Representative (ACR) Card or if without ACR Card *(not available at the time of filing)* present the following:

2.1 Letter of Authorization (LOA) issued by the employer's authorized signatory reflected in the Employer Specimen Signature Card (SS Form L-501); and

2.2 Original company ID of company representative.

3. Filed by Employer Representative

3.1 LOA issued by the employer's authorized signatory reflected in the SS Form L-501

3.2 Original company ID of employer representative.